

SENDER (Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.)

OF DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

02-28  
6-4-02  
Phillip J. MAUSE  
500 K STREET, N.W.  
Suite 1100  
Washington, DC 20005

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

☐ Agent  
☒ Addressee

D. Is delivery address different from item 1?

☒ Yes  
☐ No

If YES, enter delivery address below:

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number (Copy from service label)

0023 0771 5772

PS Form 3811, July 1999

Domestic Return-Receipt

102595-00-M-0952

DOCKET NO. 02-28

**CERTIFIED  
MAIL**

ORDER DATED

6-4-02

FCC 02M-44

MIMEOGRAPH NO.

RETURN

RECEIPT

REQUESTED

NAME: Phillip J. MAUSE  
1500 K STREET, N.W.  
Suite 1100  
Washington, DC 20005

C. R. R. NO.

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To

Phillip J. MAUSE

Postage

\$ 3.34

Certified Fee

2.10

Return Receipt Fee  
(Endorsement Required)

1.50

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$ 3.94

Name (Please Print Clearly) (to be completed by mailer)

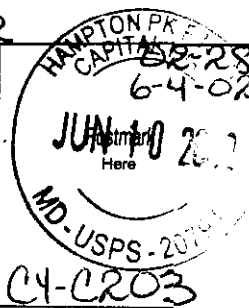
Phillip J. MAUSE

Street, Apt. No., or PO Box No.

1500 K STREET, N.W. Suite 1100

City, State, ZIP+4

Washington DC 20005



7000 0600 0023 0771 5772